

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)
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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	1		1		1	
TOTAL DEP.	0	↔	0	↔	0	↔
TOTAL CLAIMS	10		9		7	

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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98					
99					
100					
TOTAL IND.					
TOTAL DEP.		↔		↔	↔
TOTAL CLAIMS					